LONDONASSEMBLY

Dr Onkar Sahota, Chair of the Health Committee

London Assembly
City Hall
The Queen's Walk
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10 November 2017

Sadiq Khan
mayor@london.gov.uk

Dear Sadiq,

I am writing to share the views of the Health Committee on your draft London Health Inequalities Strategy (HIS). In this letter, I will set out our views on general issues for consideration in the development of the final HIS as well specific elements where we feel you may need to make changes to your proposals or include additional measures.

We welcome the publication of the draft HIS, and would like to thank your statutory advisor, Professor Yvonne Doyle and Assistant Director of Health, Education and Youth Amanda Coyle, for engaging with us during the consultation period. We would also like to put on record our thanks to Imelda Redmond of Healthwatch England, Dr Somen Banerjee of the Association of Directors of Public Health, and Peter Goldblatt of the UCL Institute of Health Equity, for their valuable contributions to our discussions on 12 September 2017. The committee regrets that your senior advisor on health, Dr Tom Coffey, did not make himself available to meet with us during this review and would welcome the opportunity to discuss with him his role in driving the HIS forward.

We share your views on the major health inequalities facing Londoners and are broadly supportive of the aims and objectives set out within the draft HIS. However, there are a number of areas in which we feel that there needs to greater clarity on your specific role both as Mayor and Chair of the London Health Board. We acknowledge your very limited role in the delivery of health and care services in London and the need for the HIS to act as an 'active call for action' to the diverse partners across the health and care landscape in London to deliver on shared priorities. However, there remain areas of the draft HIS where it is not clear what, if any action, you will take beyond encouraging others to act. Further, there is presently no real indication of how progress against the objectives will be measured. The draft HIS says that the final strategy will include both a delivery plan and a set of indicators so that progress can be measured. Without these, it is difficult to assess how the warm words contained within the strategy will be translated into action.

As Mayor, you have a statutory duty to produce a strategy for the reduction of health inequalities in London. While we agree with the broad themes and aspirations set out in the consultation, what has been presented to the committee and the public is a vision of what you would like to see, rather than an action plan for how we achieve it. What we need to see now is a clear delivery plan, with measurable targets and timescales for action, and a clear set of indicators against which success will be monitored. We strongly urge you to provide this

information as soon as possible; without this, the Assembly will not be able to give informed consideration to the proposals nor agree that we have a proper strategy for tackling London's profound and widespread health inequalities.

We request that you make the draft delivery plan and the draft indicators available to the committee at the earliest opportunity, and no later than 1 January, to ensure that these plans can be scrutinised in advance of the production of the final strategy. The final delivery plan should clearly set out the specific, measurable and timed actions which you will undertake during each year of this mayoral term, and the expected outcomes.

Issues for consideration in the development of the final strategy

Better health for all Londoners

Efforts to reduce health inequalities must be targeted towards those in greatest need. The draft HIS makes passing references to some of the marginalised groups within London populations but lacks the necessary clarity on how specific actions will benefit specific groups. The Integrated Impact Assessment accompanying the draft HIS states that the strategy could be improved by:

> "Look[ing] to cater for specific groups with protected characteristics for interventions, for example, the following groups for mental health policies and proposals: disabled people, BAME groups, transgender people and people who are lesbian, gay or bisexual."[1]

We agree with this analysis, but suggest you go further. Our recent work on mental health in particular has revealed specific issues for groups who are marginalised by experience, in addition to those with protected characteristics. This includes (but is not limited to) offenders and ex-offenders, refugees and homeless people. Many within these groups are deemed 'hard to reach' by statutory authorities and their needs are not consistently addressed across London by local health and wellbeing strategies. **The final strategy should look to specifically highlight those wider groups whose health needs are not currently being addressed through existing efforts and set out how the proposed interventions will meet their needs.**

Public and stakeholder engagement

Effective, high quality and inclusive engagement of health and care stakeholders and the wider public is critical to the success of this strategy. Yet, as Imelda Redmond from Healthwatch England told us,

> "The biggest risk [to effective delivery of the strategy] is that the community engagement part of the buy-in is not resourced properly and falls apart, because it costs money and time to get groups organised and get to places and to bring in people who are the most excluded. It is more culturally different to work with people in communities than it is to work with professionals."[2]

[1] https://www.london.gov.uk/sites/default/files/the_mayor_of_londons_health_inequalities_strategy_iia_report_-_final_23.08.17.pdf

[2] London Assembly Health Committee meeting 12 September 2017, transcript p.33

We agree with this analysis, and would therefore like to see clearer evidence of how specific communities are being engaged. **We also agree with Healthwatch England's suggestion that a specific indicator for measuring community engagement with the strategy should be developed**. We share concerns that, without this measurement, community engagement will become a statement of principle rather than tangible activity.

We endorse your decision to consult for longer than the statutory 90-day period in order to facilitate proper engagement, and commend plans for proactive engagement with five key stakeholder groups – businesses, communities, the health service and providers, the children and youth sector and local authorities. We would urge you to ensure that the voluntary sector, in particular, is also proactively engaged by your team.

The voluntary sector is a critical health partner for London, well-positioned to facilitate community engagement as well as acting as voices for some of the most marginalised. Voluntary sector services are also increasingly filling the gaps where statutory health and care services are unable to manage demand. The draft HIS recognises that for objectives such as wider use of social prescribing to be realised, more support and funding is needed to sustain the voluntary and community sector. Our own work on mental health has also highlighted the wealth of local knowledge and specialised expertise held within the voluntary sector which is at risk of being lost. We support your calls for more sustainable funding models for voluntary and community organisations to be developed in partnership with both private and public sector organisations. We believe this is an area where the GLA Group can demonstrate leadership, and urge you as a first step to look at how GLA Group buildings and assets can be used to support community and voluntary sector organisations. **We would also urge you to emphasise in the final strategy the clear role that community and voluntary sector organisations play in promoting wellbeing, reducing social isolation and enabling peer-to-peer support.**

We also note that your team plans to 'reflect' halfway through the consultation "to make sure that we are indeed getting the reach into those groups and especially be[ing] able to access some of the voices that typically would not engage with organisations like the GLA."[3] In particular, we have an ongoing interest in ensuring that Deaf Londoners are given the opportunity to participate and would welcome clarification on how this group is being engaged. **We request that by 30 November you provide the committee with a list of organisations and groups that have engaged with the consultation to date, to help us identify any areas that may have been overlooked or communities that require further encouragement to participate. Please could you also set out the nature of the engagement, including whether face-to-face meetings have been arranged. This is particularly important given the need to ensure that digitally excluded Londoners are able to take part in the consultation process.**

Dr Somen Banerjee of the Association of Directors of Public Health also discussed the potential benefits of involving and training local people to take forward activity on developing community responses to health issues that are important to them locally.[4] **We encourage you to look into this option beyond the consultation period, as a way of strengthening networks and empowering communities to engage in health and care issues that are important to them. We urge you to explore this model more fully in the development of your community engagement**

[3] Amanda Coyle at London Assembly Health Committee meeting 12 September 2017, transcript p.7
[4] Dr Somen Banerjee at London Assembly Health Committee meeting 12 September 2017, transcript p.8

framework and to ensure that the final strategy and delivery plan for the HIS includes detailed plans for ongoing community engagement.

Health in all policies

We are encouraged that the draft HIS commits to systematically embedding consideration of health inequalities across all mayoral strategies. Our work on the role of TfL in promoting health in London has demonstrated the value of this approach, and we welcome the emphasis on the Healthy Streets model in the draft Transport Strategy. We note that the statutory health advisor has been proactive in working with the other Deputy Mayors to ensure that health is a golden thread running throughout the development of your other strategies, in particular the London Plan, Housing and Environment strategies.[5] We are therefore pleased to see that the draft HIS makes clear reference to the need for a health in all policies approach. **We would like to see the final HIS make specific, timed commitments for Mayoral action on the wider determinants of health, notably on tackling poverty in London. While the current draft hints at further exploration in this area, we hope that the final document will provide more concrete examples of action you will take to address this issue.**

Access to services

The previous iteration of the HIS included a specific strategic objective relating to "equitable access to high quality health and social care services", recognising the need to ensure that where these services are placed, and how they are delivered and accessed, address health inequality. Healthwatch England indicated that this was a key priority for the public:

> "Access to services is a bigger issue. I know that is a more complicated one but the real thing that comes up particularly around mental health and social care – both really high priorities for the public – is accessing those services."[6]

Given the commitments in your manifesto in regard to championing London's health services and advocating for a share of resources to be available to London, as well as your ongoing interest in NHS reconfiguration through the STP process, we are surprised that equitable access to services is not an explicit strategic objective in the draft HIS. We welcome the focus on prevention and upstream interventions contained in the draft HIS, which will reduce health inequalities in the longer term. But addressing access issues, particularly for the most vulnerable and excluded groups, is also important in reducing health inequalities in the short to medium term – which is the period covered by this strategy. While the draft HIS makes some reference to improving access to mental health services, it is largely silent on what the Mayoralty will actually do to achieve this, or how it will promote more equitable access across the wider health and care landscape.

We encourage you to clarify, in the final strategy, how you as Mayor and through the London Health Board, will act to improve equity of access to health and care services.

[5] Yvonne Doyle speaking at London Assembly Health Committee meeting 12 September 2017, transcript p.15
[6] Imelda Redmond speaking at London Assembly Health Committee meeting 12 September 2017, transcript p.3

Comments on specific proposals

Aim 1. Healthy Children

We welcome plans to introduce a Healthy Early Years programme for London, along a similar model to the current Healthy Schools programme, and look forward to receiving further details and evaluation of the pilots underway in London. We will be investigating this issue in more depth later this year and will seek to make recommendations on how this programme can be targeted to ensure that it reaches those children and families in greatest need. The draft HIS objectives relating to the health of children aged 0-2 and their families relate to factors where we already know there is existing inequality through digital exclusion (in relation to the Child Health Digital Hub and e-Red Book) and access to employment (in relation to promotion of breastfeeding through the London Healthy Workplace charter). We are concerned that the proposed interventions may therefore improve health outcomes for some but have less impact for those whose need is greatest. **We understand that further work is being undertaken to identify those at greatest need of support, and trust that more information on how this will be achieved will be included in the final strategy and delivery plan.**

Aim 2. Healthy Minds

We warmly welcome the ongoing commitment to improving mental health outlined in the draft HIS and through the emerging work of the Thrive LDN programme. Again, we would like to see more explicit discussion of how action will be targeted to groups at most risk, and who currently face barriers to accessing the support they need. We are pleased to note the specific reference to the needs of LGBT+ Londoners, and refer you to the recommendations in our recent report on this topic. We also refer you to our recent work on Deaf Londoners and disabled Londoners and prisoners and ex-offenders, and hope that the final strategy will take into account the findings from our work in this area, as well as previous committee work on perinatal mental health perinatal mental health and mental health for BAME and young Londoners. A report drawing together cross-cutting themes from our work on mental health will be published shortly, and we hope this will contribute positively to ensuring that Thrive LDN reaches those who have been excluded from current mental health efforts.

We support the proposed efforts to ensure that London's workplaces promote positive mental health and wellbeing. We believe there is particular work to be done around ensuring that those in low-paid sectors and/or on insecure contracts are able to access the support they need to stay healthy throughout their employment. **The benefits of healthy, meaningful work are now well-established and we also expect commitments to healthy work to be a key theme of your forthcoming economic development strategy.**

We are pleased that you have accepted our recommendation to set a zero-suicide aspiration for London, and welcome Professor Doyle's support for the need to set this challenging target to galvanise action. As this work develops we would draw your attention in particular to the need to collate better data to understand the complex nature of suicide in London and the importance of intervention at significant life points including around pregnancy and childbirth, leaving home, contact with the criminal justice system and in connection with bereavement.

Aim 3. Healthy Places

We welcome the recognition within the draft HIS of the need to look at the wider determinants of health, particularly in regard to the urban environment, transport and housing. A considerable proportion of the measures indicated – for example, increased access to affordable housing, reductions in air pollution, and mitigation of the obesogenic effects of the built environment – are long term deliverables beyond the projected lifespan of the HIS. **The final strategy and delivery plan should therefore look to include practical steps that the Mayor can take within this mayoral term to prepare the ground for this longer-term work and set clear interim targets to measure progress.** We would particularly welcome information on how the Mayor will generate the necessary buy-in from planners and developers to support a health-based approach to planning and housing, and a commitment to providing supplementary planning guidance on how the reduction of health inequalities should be considered by developers.

Aim 4. Healthy Communities

We are pleased that the need for continued focus to tackle HIV is recognised in the draft strategy and welcome information from your team that London is progressing towards Fast-Track City status and the adoption of the 90:90:90 target by 2020.[7] In your response to our recent work on HIV prevention in London you also reiterated your commitment to a pan-London co-ordinated approach to prevention and testing through the Do it London campaign and we welcome your ongoing support for this programme, including making use of the transport network to promote this excellent initiative.

We also welcome the specific focus on tuberculosis (TB) in London in the draft strategy. The committee conducted an extensive investigation on this issue in 2015 and made a number of recommendations to the previous Mayor on how the mayoralty could demonstrate leadership on this issue. While we note the general progress made in London towards the target of 50 per cent reduction in cases, due to factors included improved screening for latent TB, we remain concerned that vulnerable groups and people with social risk factors, particularly homeless people, continue to be at serious risk from the disease now that the 'easier elements' of TB control have been implemented. **We therefore urge you to make a case in the final strategy for more focused action from both the London TB Control Board and GLA-commissioned rough sleeping services on working alongside outreach organisations such as Find and Treat to identify and support those most at risk.**

Aim 5. Healthy Habits

The draft HIS makes a compelling case for whole-system action on childhood obesity and identifies a clear leadership role for the Mayor on this issue. At present, the draft HIS is unclear on what form this leadership will take, although we understand from our discussions that a childhood obesity taskforce and best practice repository are being considered and we look forward to seeing further details on both of these elements in the final strategy.

[7] 90% of people living with HIV (PLHIV) knowing their HIV status, 90% of PLHIV who know their HIV-positive status on antiretroviral therapy (ART), 90% of PLHIV on ART achieving viral suppression, Zero stigma and discrimination

We urge you, in the final HIS, to strengthen the language around tackling the obesogenic environment through planning. At present, the phrasing of the objective around limiting development of fast food outlets near schools – "to investigate the introduction of a policy" – is somewhat vague. **We would welcome firmer commitments to provide decisive direction through the London Plan, and would urge you to discuss with partners what, if any, further evidence would be required to support decisive action. We would also like to see a clear commitment that the Mayor will engage with the food and drinks industry to child obesity and related health issues.**

We support proposals designed to prevent the uptake of unhealthy habits including smoking, problem drinking and the use of illegal drugs. However, while we agree that a preventative approach is crucial, the draft strategy contains little information on what will be done to support people to kick these unhealthy habits if they have already started. This is a particular issue for those within deprived communities where the prevalence of unhealthy habits is higher. And while we agree that empowering people to take personal responsibility for their own health is important, this should not be used as a rationale to support the removal of vital community services, such as smoking cessation and weight loss clinics, that help people to do so. **We would therefore like to see a commitment in the final HIS to support the retention of these services locally.**

Linking the strategic aims together

In our view, the draft HIS covers most of the key areas for action over the coming ten-year period. We are particularly pleased to see that the needs of London's children and young people have been given a prominent focus. However, we agree with Peter Goldblatt of the UCL Institute of Health Equity that more could be done to link the five strategic objectives together more coherently[8], to demonstrate a 'whole life-course' approach to tackling health inequalities. Given the extreme and conflicting pressures facing health and care commissioners and providers in a difficult financial climate, **we hope that the final strategy will provide further examples of how investment on certain key issues could bring multiple benefits across the five strategic aims**. For example, work to improve access to perinatal mental health support, an area highlighted by the committee in 2015, could bring benefits not only in terms of improving mental health of mothers but also improving early years health for children. Similarly, efforts to promote healthy habits in adults will also have benefits in terms of healthy early years and improving mental health. A more explicit demonstration of the intersecting nature of these strategic aims may help to persuade others to act.

The role of the London Health Board

The draft HIS hints at a strengthened role for the London Health Board in providing strategic regional leadership for London and in driving through the Health Inequalities Strategy. In light of this, we strongly urge you to consider whether the current membership of the Board is truly reflective of the breadth and diversity of the health and care landscape in London. **In particular, given the critical role of community and voluntary sector organisations discussed in the draft**

[8] Petr Goldblatt, UCL Institute of Health Equity speaking at London Assembly Health Committee meeting 12 September 2017, transcript p.32

HIS, we recommend that you include representation from this sector in a reconstituted Board membership.

More broadly, the activity of the London Health Board remains largely opaque to public scrutiny, with meetings held in private and not transcribed or fully minuted. This goes against the grain of your commitments to transparent and open governance, and we call on you to review the arrangements for the governance of the Board and make firm commitments to bring its activity more directly into public view.

We trust that you will take our comments into account in the development of the final strategy and look forward to receiving your response to the points that we have raised in this letter by 1 January.

Yours sincerely,

Dr Onkar Sahota, Chair of the London Assembly Health Committee